

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DX</i>	70911	3/8
O.I.P.E. CLASSIFIER	<i>FWP</i>	70916	3-5
FORMALITY REVIEW			5-4-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11.12.02
2	✓	✓	5.2.02
3	✓	✓	5.2.02
4	✓	✓	5.2.02
5	✓	✓	5.2.02
6	✓	✓	5.2.02
7	✓	✓	5.2.02
8	✓	✓	5.2.02
9	✓	✓	5.2.02
10	✓	✓	5.2.02
11	✓	✓	5.2.02
12	✓	✓	5.2.02
13	✓	✓	5.2.02
14	✓	✓	5.2.02
15	✓	✓	5.2.02
16	✓	✓	5.2.02
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44	✓	✓	5.2.02
45	✓	✓	5.2.02
46	✓	✓	5.2.02
47	✓	✓	5.2.02
48	✓	✓	5.2.02
49	✓	✓	5.2.02
50	✓	✓	5.2.02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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